

West Nile Case History Form

This **case history form** is required for testing (specimens will not be tested without this form)!

Specimens submitted via public health laboratories must meet the criteria for West Nile virus testing.
(See "Requirements for West Nile Virus Testing")

Patient Information:

Last name _____ First name _____ DOB ____/____/____ Medical Record # _____

Street Address: _____ City _____ Zip Code _____ Occupation _____

Physician Information Mandatory

Name: _____ Facility: _____

Pager: _____ Fax: _____ Email: _____

Race: ☐ White ☐ Black ☐ Native American
☐ Asian/Pacific Islander ☐ Other ☐ Unknown

Date of 1st symptom(s): ____/____/____

☐ Hospitalized or ☐ ER /Outpatient

Date of admit: ____/____/____

Do the following apply anytime during current illness:

In ICU ☐ No ☐ Yes

Fever $\geq 38^{\circ}$ ☐ No ☐ Yes

Headache ☐ No ☐ Yes

Rash ☐ No ☐ Yes

Stiff neck ☐ No ☐ Yes

Muscle Weakness ☐ No ☐ Yes

Altered Consciousness ☐ No ☐ Yes

Encephalitis ☐ No ☐ Yes

Aseptic Meningitis ☐ No ☐ Yes

Flaccid Paralysis ☐ No ☐ Yes ☐ Asymmetrical

CSF results

CBC results

Date: _____ Date: _____

RBC: _____ WBC: _____

WBC: _____ %Diff: _____

%Diff: _____ HCT: _____

Protein: _____ Plt: _____

Glucose _____

Other Information (MRI/CT,LFTs etc.)

Ethnicity: ☐ Hispanic ☐ Non-hispanic

Sex: ☐ Female ☐ Male

Exposures within 4 wks of onset (specify details):

Mosquito bites/exposure: ☐ No ☐ Yes

Outdoor activity (camping, hiking, etc) ☐ No ☐ Yes

Received Blood Transfusion: ☐ No ☐ Yes

Date: _____

Travel within 4 wks of onset

(specify location, dates):

Within California (out of local area) ☐ No ☐ Yes

Within the United States? ☐ No ☐ Yes

Outside of the United States? ☐ No ☐ Yes

Ever traveled outside the US? ☐ No ☐ Yes

Other pertinent information:

Immunocompromised patient: ☐ No ☐ Yes

Yellow fever vaccination: ☐ No ☐ Yes

Date: _____

Military service: ☐ No ☐ Yes

Current Pregnancy ☐ No ☐ Yes

Week of gestation: _____

Donated Blood: ☐ No ☐ Yes

Date: _____

Significant Past History (medical, social, family) and other exposures:

Questions regarding testing or specimens call (714) 834-8180

Fax this form to (714) 834-8196 or send with specimens to:
Orange County Public Health Lab, 1729 W. 17th St., Santa Ana, 92706